

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/CA03/00593	International filing date (day/month/year) 23 April 2003 (23/04/2003)	Applicant's or agent's file reference 2313-101 (Earliest) Priority date (day/month/year) 23 April 2002 (23/04/2002)
Title of invention SONICATION TREATMENT OF POLYCHLORINATED BIPHENYL CONTAMINATED MEDIA		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SONIC ENVIRONMENTAL SOLUTIONS INC. 1778 West 2nd Avenue Vancouver, British Columbia V6J 1H6 Canada		Telephone No. 604 736 2552 Facsimile No. 604 736 2558 Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: CA	State (that is, country) of residence: CA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HUNT, Lorrie 11021 Bond Boulevard Delta, British Columbia V4E 1M8 Canada		
State (that is, country) of nationality: CA	State (that is, country) of residence: CA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) McKINLEY, Jim 3893 Norwood Avenue North Vancouver, British Columbia V7N 3R1 Canada		
State (that is, country) of nationality: CA	State (that is, country) of residence: CA	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

McELROY, Rod
 4086 West 13th Avenue
 Vancouver, British Columbia
 V6R 2T4 Canada

State *(that is, country)* of nationality:
 CA

State *(that is, country)* of residence:
 CA

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (*Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country.*)

Vermette & Co.
 Box 40 Granville Square
 Suite 230-200 Granville Street
 Vancouver, British Columbia
 V6C 1S4 Canada

Telephone No.	604 331 0381
Facsimile No.	604 331 0382
Teleprinter No.	
Agent's registration No. with the Office	

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34
 the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34
 the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (*This check-box may be marked only where the time limit under Article 19 has not yet expired.*)

- * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English.....

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (*that is, all States which have been designated and which are bound by Chapter II of the PCT*)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | | |
|--|---|----------|--------------------------|-------------------------------------|
| 1. translation of international application | : | sheets | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. amendments under Article 34 | : | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. letter | : | 1 sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. other (specify) | : | sheets | <input type="checkbox"/> | <input type="checkbox"/> |

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received	not received
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Vermette & Co.
Agent for the Applicant

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

CHAPTER II**PCT****FEE CALCULATION SHEET****Annex to the Demand**

International application No.	PCT/CA03/00593	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	2313-101	Date stamp of the IPEA
Applicant SONIC ENVIRONMENTAL SOLUTIONS, Inc., et al.		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	1530.00	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	159.00	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	1689.00	TOTAL
MODE OF PAYMENT		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (<i>This mode of payment may not be available at all IPEAs</i>)		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	